

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 831525 RECEIPT DATE: 05 / 10 / 01
IA NUMBER: PCT/ FR99 / 01212 IA FILING DATE: 05 / 21 / 99
FAMILY NAME: DESPLATS DELAY WAIVED (Y/N): Y
GIVEN NAME: ROMAIN DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 11 / 13 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: BE 9197 COUNTRY:
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EMAIL:

APPLICATION TITLES:

METHOD AND INSTALLATION FOR FAST LOCATION OF A FAULT IN AN INTEGRATED
CIRCUIT

TAB TO LAST POSITION, PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 5660

SERIAL NUMBER 09/831,525	FILING DATE 05/10/2001 RULE	CLASS 714	GROUP ART UNIT 2164 2133	ATTORNEY DOCKET NO. BE-9197
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APPLICANTS

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** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/FR99/01212 05/21/1999

** FOREIGN APPLICATIONS *****

FRANCE 98/14277 11/13/1998

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 13	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature 	Initials			

ADDRESS

000466

TITLE

Method and installation for fast fault localization in an integrated circuit

FILING FEE RECEIVED 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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